

# GRANT AWARD APPROVAL FORM

1. OFFICIAL NAME OF GRANT PROGRAM:

Date of SBE Approval of Grant Criteria 08/09/05

2005-2006 Allocation of Title II Statewide Highly Qualified Teachers Funds to Support Teacher Induction Assessment  
(years) (years) (title)

Type: ☒ Initial ☐ Amendment ☐ Continuation

Legislation Authorizing This Grant Program: Section 2101 P.L. 107-110 No Child Left Behind Act of 2001

☒ Federal Grant: CFDA Number 84.367A

☐ State Grant

☐ Other (Private, Foundation)

2. Purpose of Grant Program: To pilot a program to apply and assess the ASSIST  
(Advocating Strong Standards-based Induction for Teachers) resources for mentor training  
and support to beginning teachers.

Type of Grant Program: (check one)

☒ Competitive

☐ Formula

☐ Other: (specify below)

3. SBE Priorities and Policies That This Grant Program Supports: (check all that apply)

Priorities

☐ Integrating Communities and Schools

☐ Elevating Educational Leadership

☐ Embracing the Information Age

☐ Ensuring Early Childhood Literacy

☒ Ensuring Excellent Educators

Policies

☐ Bullying

☐ Character Education

☐ Creating Effective Learning Environments

☐ Family Involvement

☐ Safe Schools

☐ Other: (specify below)

4. Grant Categories (if not described in Item 2): ☒ NOT APPLICABLE

5. Target Population to be Served by Grant:

Selected high priority school districts in Antrim County, Grand Traverse County, Kalkaska County, and Washtenaw County.

6. Total Funds Awarded:

\$80,000.00

7. Eligible Applicants:

Intermediate School Districts serving high priority schools in Antrim County, Grand Traverse County, Kalkaska County, and Washtenaw County.

8. Description of Priorities Given to Any Specific Population or Location: ☒ NOT APPLICABLE

9. Grant Administration:

<u>Office</u>	<u>Unit</u>	<u>Contact</u>	<u>Phone</u>
Office of Prof. Preparation Services	Professional Preparation and Development	Dr. Bonnie Rockafellow	37861

Prepared by: Claudia Nicol

Phone Number: 51151

12242

1522

JAN 10 2006

**10. OFFICE**

Office Director Approval Signature:



Date: 1/6/06

Phone: 3-6505

Comments:

**11. GRANTS OFFICE**

Grants Office Approval Signature:



Date: 1/6/2006

Comments:

☐ Exhibit A Not Required☒ Exhibit B Not Required☒ Exhibit C Not Required**12. DEPUTY SUPERINTENDENT**

Deputy Superintendent Approval Signature:



Date: 1-11-06

Comments:

**13. SUPERINTENDENT**

Superintendent Approval Signature:



Date: 1-17-06

Comments:

**INSTRUCTIONS**

A. Complete items 1-10 on this form. The Grants Administration and Coordination Unit will facilitate completion of items 11-14.

B. Attach three (3) sets of Exhibits A, B, and C

Exhibit A---List of applicants (alphabetical order) recommended for funding, the amount requested, the amount recommended, and a three to five sentence abstract of the proposal.

Exhibit B---List of applicants (alphabetical order) not recommended for funding and the amount each requested.

Exhibit C---Map of Michigan indicating the location of recommended applicants. Link to:

<http://www.mdeintranet/inside/off/grants/grants.htm> for sample maps.

C. Attach the grant award letters for the Superintendent's signature and the non-award letters for the Service Area Director's signature. The letters should be submitted in the same order given in Exhibit A and/or B. For each final Grant Award Notification letter, a Grant Award Notification form (yellow sheet) also needs to be submitted for the Superintendent's signature.

Transmit Grant Award Approval Form (pink), attachments, and letters to the Grants Administration and Coordination Unit.

**Teacher Induction Assessment**  
**Applicants Recommended for Funding**

<b>Agency</b>	<b>Award Amount</b>
Traverse Bay Area ISD	\$40,000
Washtenaw ISD	\$40,000